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**Slate Mailer
Late Payment Report**

Type or print in ink.
Amounts may be rounded to whole dollars.

E-Filed 1-26-08

SLATE MAILER LATE PAYMENT REPORT

RECEIVED AND FILED
Office of the Secretary of
the State of California

CALIFORNIA
FORM 498

For Official Use Only

☐ Amendment No. _____

JAN 26 2008

Report No. LRJan26

DEBRA BOWEN
Secretary of State

NAME OF SLATE MAILER ORGANIZATION

STREET ADDRESS

Orange County Republican Leadership Voter
Guide

AREA CODE/PHONE NUMBER

OPTIONAL FAX/E-MAIL

I.D. NUMBER

949 248-1154

1285120

CITY

STATE

ZIP CODE

Laguna Niguel CA 92677

Late Payment(s) Received From:

NAME

I.D. NUMBER (if applicable)

Friends of Mimi Walters

1292693

ADDRESS

CITY

STATE

ZIP CODE

R.S. Margarita CA 92688

OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)

DATE RECEIVED:

01/25/2008

AMOUNT

\$

9,610.00

NAME OF CANDIDATE OR BALLOT MEASURE:

Mimi Walters

☒ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

State Senator; District 33

AMOUNT ATTRIBUTED

\$

9,610.00

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

CP

MISC

Late Contribution Report

Type or print in ink.
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LATE CONTRIBUTION REPORT

NAME OF FILER Northern California Carpenters Regional Council Issues PAC		Date of This Filing 01/24/2008 In the office of the Secretary of State of the State of California	RECEIVED AND FILE JAN 26 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (510) 568-4788	I.D. NUMBER (if applicable) 1219354	Report No. 2		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Oakland, CA	STATE CA	ZIP CODE 94621-		
No. of Pages 1				

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/24/2008	Citizens to Support Napa Valley College (#1302481) Napa, CA 94559	Measure L, Bond Measure Napa Valley College Napa County	5,000.00	02/05/2008

Reason for Amendment: _____

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Northern California Carpenters Regional Council Small Contributor Committee		Date of This Filing 01/24/2008	Date Stamp 12	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (510) 568-4788	I.D. NUMBER (If applicable) 972104	Report No. 1	RECEIVED AND FILED in the Office of the Secretary of State of the State of California JAN 26 2008 DEBRA BOWEN Secretary of State	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Oakland, CA	STATE CA	ZIP CODE 94621-	No. of Pages 1	

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/24/2008	Democratic State Central Committee (#741666) Sacramento, CA 95814-	Democratic State Central Committee	10,000.00	

Reason for Amendment: _____

MISC

CP

Late Contribution Report

Type or print in ink.
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LATE CONTRIBUTION REPORT

NAME OF FILER Sprinkler Fitters & Apprentices Local 483 Local Political Action Comm.		Date of This Filing 01/25/2008	Date Stamp JAN 26 2008	CALIFORNIA FORM 497 RECEIVED AND FILED Filed Electronically DEBRA BOWEN Secretary of State
AREA CODE/PHONE NUMBER (510) 785-8483	I.D. NUMBER (if applicable) 1298012	Report No. 1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Hayward, CA	STATE 94545-	ZIP CODE		

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/25/2008	Debbie Long for Pinole City Council (#1302405) El Sobrante, CA 94803	Debbie Long City Council Member City of Pinole	1,500.00	
01/25/2008	Debbie Long for Pinole City Council (#1302405) El Sobrante, CA 94803	Debbie Long City Council Member City of Pinole	1,000.00	

Reason for Amendment: _____

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Handwritten signature